

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215516269		
1.) CORPORATION NAME: DUE DATE: 6/30/2015 The Foundation for AIDS Research				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA		SCC ID NO: F1144221 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED			
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY				
4.) STATE OR COUNTRY OF INCORPORATION: NY				
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 120 WALL STREET 13TH FLOOR CITY/ST/ZIP: NEW YORK, NY 10005 </div>				
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.				
NAME: JOHN LOGAN TITLE: AS/VP ADDRESS: 120 WALL ST 13TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10005	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR		
NAME: BRADLEY JENSEN TITLE: ASST. TREASURER ADDRESS: 120 WALL STREET, 13TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10005	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR		
NAME: WALLACE SHEFT TITLE: TREASURER ADDRESS: 435 MAPLE AVENUE CITY/ST/ZIP/CO: WESTBURY, NY 11590	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR		
NAME: MATHILDE KRIM, PH.D TITLE: FOUNDING CHRMN ADDRESS: C/O AMFAR - 13TH FLOOR CITY/ST/ZIP/CO: 120 WALL STREET NEW YORK, NY 10005	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: KENNETH COLE TITLE: CHAIRMAN ADDRESS: 603 WEST 50TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR		
NAME: PATRICIA J. MATSON TITLE: VICE CHAIR ADDRESS: 120 WALL STREET, 13TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10005	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR		

NAME:	MERVYN F. SILVERMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	120 WALL STREET, 13TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005		
NAME:	JOHN C. SIMONS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIR		
ADDRESS:	119 FIFTH AVENUE, 7TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10003		
NAME:	ARLEN ANDELSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	120 WALL STREET, 13TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005		
NAME:	HARRY BELAFONTE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	275 7TH AVENUE, SUITE 1501		
CITY/ST/ZIP/CO:	NEW YORK, NY 10001		
NAME:	DAVID BOHNETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	245 SOUTH BEVERLY DRIVE,		
CITY/ST/ZIP/CO:	BEVERLY HILLS, CA 90212		
NAME:	ZEV BRAUN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	280 SOUTH BEVERLY DRIVE, SUITE 500		
CITY/ST/ZIP/CO:	BEVERLY HILLS, CA 90212		
NAME:	JONATHAN CANNO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	120 WALL STREET, 13TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005		
NAME:	DONALD CAPOCCIA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	325 GOLD STREET, 7TH FLOOR,		
CITY/ST/ZIP/CO:	BROOKLYN, NY 10005		
NAME:	R. MARTIN CHAVEZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 NEW YORK PLAZA		
CITY/ST/ZIP/CO:	NEW YORK, NY 11201		
NAME:	JANE B. EISNER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	120 WALL STREET, 13TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005		
NAME:	RYAN GREENAWALT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	520 MADISON AVENUE, 8TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022		

NAME:	REGAN HOFFMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	462 7TH AVENUE, 19TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10018		
NAME:	MICHAEL J. KLINGENSMITH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	425 PORTLAND AVENUE		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55488		
NAME:	KEVIN MCCLATCHY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	120 WALL STREET, 13TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005		
NAME:	MICHELE V. MCNEILL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	120 WALL STREET, 13TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005		
NAME:	EDWARD MILSTEIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	575 MADISON AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022		
NAME:	CINDY D. RACHOFSKY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	120 WALL STREET, 13TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005		
NAME:	VINCENT A. ROBERTI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	156 WEST 56TH STREET, SUITE 901		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		
NAME:	BILL ROEDY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	120 WALL STREET, 13TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022		
NAME:	RAYMOND F. SCHINAZI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	120 WALL STREET, 13TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022		
NAME:	ALAN D. SCHWARTZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	135 EAST 57TH STREET, 9TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022		
NAME:	DIANA L. TAYLOR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1350 AVENUE OF THE AMERICAS, #2900		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		

NAME:	KEVIN WENDLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	120 WALL STREET, 13TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ BRADLEY JENSEN	BRADLEY JENSEN, ASST.	4/27/2015	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TREASURER	DATE	
	PRINTED NAME AND CORPORATE TITLE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			